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APPLICANTS

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** CONTINUING DATA ***** *YOF**NONE*** FOREIGN APPLICATIONS ***** *YOF**NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials <i>[Initials]</i>		

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TITLE

Terminal design with shock isolation assembly

FILING FEE RECEIVED 1074	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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